



Park-in-a-Pack Application Form

Name of School

School Street Address

City, State, ZIP

Name of Teacher, Email Address, and Phone Number

Dates Requested (2 week time period)

Credit Card Number, Exp. Date

Signature of Teacher

Name and Signature of Principal

By signing above, I agree to pay return shipping and am aware that my credit card may be charged if the kit or any part of the kit is damaged or not returned.

Return this form to Ellis Island Education Department:

Fax to: 212-363-6304

Email to: STLI_Education_Department@nps.gov

Mail to: Ellis Island Education Department

National Park Service

Ellis Island Receiving Office

Jersey City, NJ 07305